

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

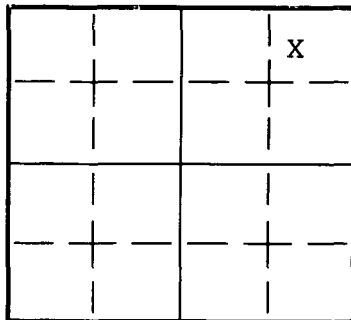
Location NW 1/4 NW 1/4 Sec 23 Twp 115 Rg 73County Hyde North

Please mark well location with an "X"

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Well Completion Date

10-31-02

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 5000 ft. from Septic (identify source).

PROPOSED USE:

☒ Domestic/Stock ☐ Municipal ☐ Business ☐ Test Holes
☐ Irrigation ☐ Industrial ☐ Institutional ☐ Monitoring well

METHOD OF DRILLING:

Rotary

CASING DATA:

☐ Steel ☒ Plastic ☒ OtherIf other describe Copper

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>250</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>300</u> FT	<u>8</u> IN
<u>#K</u> LB/FT	<u>2</u> IN	<u>0</u> FT	<u>2000</u> FT	<u>4 1/2</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>Portland</u>	<u>35</u>	_____ lb./gal	<u>0</u> ft	<u>300</u> ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure Pressure plugSCREEN: ☒ Perforated pipe ☐ ManufacturedDiameter 2" IN Length 140' FEETMaterial CopperSlot Size 3/8" Set From 1860 Feet to 2000 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? RubberDescribe packer(s) and location? Above perf

DISINFECTION: Was well disinfected upon completion?

____ YES, How: _____

☒ NO, Why Not? Flowing well

Laboratory sent to for water quality analysis

Pierre, SDWell Owner: Terry Splide

Business Name: _____

Address: 32930 180th St.Highmore, SD 57345

WELL LOG:

DEPTH

FORMATION	FROM	TO
Top soil	0	5
Yellow clay	5	20
Blue clay	20	140
Gravel	140	170
Shale	170	1105
Greenhorn	1105	110
Shale	1120	1470
Dakota	1470	1730
Morrison	1730	1830
Sundance	1830	2000

STATIC WATER LEVEL _____ Feet

If flowing: closed in pressure 185 PSIGPM flow 125 through 2 inch pipeControlled by ☒ Valve ☐ Reducers ☐ Other _____Reduced Flowrate 15 GPMCan well be completely shut in? Yes

WELL TEST DATA:

☐ Pumped

Describe: _____

☐ Bailed☐ Other

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

This well was drilled under license # 94

And this report is true and accurate.

Drilling firm Huron Drilling Inc.

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

RECEIVED

JAN 09 2003

WATER RIGHTS PROGRAM

Date: 10-31-02